

in Kashmir, tens of thousands of Christians and Muslims throughout the country, and tens of thousands of Tamils, Assamese, Manipuris, and others. The Indian Supreme Court called the Indian government's murders of Sikhs "worse than a genocide."

The book *Soft Target* by Canadian journalists Zuhair Kashmeri and Brian McAndrew shows that the Indian government blew up its own airliner in 1985 to blame Sikhs and justify further repression. It quotes an agent of the Canadian Security Investigation Service (CSIS) as saying, "If you really want to clear up the incidents quickly, take vans down to the Indian High Commission and the consulates in Toronto and Vancouver. We know it and they know it that they are involved." On January 2, 2002, the Washington Times reported that India sponsors cross-border terrorism in the Pakistani province of Sindh.

"Only in a free Khalistan will the Sikh Nation prosper and get justice," said Dr. Aulakh. "When Khalistan is free, we will have our own Ambassadors, our own representation in the UN and other international bodies, and our own leaders to keep this sort of thing from happening. We won't be at the mercy of the brutal Indian regime and its Hindu militant allies," he said. "Democracies don't commit genocide. India should act like a democracy and allow a plebiscite on independence for Khalistan and all the nations of South Asia," Dr. Aulakh said. "We must free Khalistan now."

REPUBLICAN MISGUIDED PRIORITIES

HON. JOHN CONYERS, JR.

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 6, 2006

Mr. CONYERS. Mr. Speaker, yesterday, the Senate Republican leadership renewed debate on whether the Constitution of the United States should limit marriage and any civil union to one man and one woman.

It is distressing to me that we live in an age in which we still must fight to protect our civil rights as Americans, in which a hate crime perpetrated against someone based their sexual orientation can go unpunished, and in which discrimination is being written into our laws.

If this amendment were to pass, we would rewrite discrimination into the Constitution, a practice I thought we had done away with in 1868, when the Fourteenth Amendment erased the Constitution's reference to "the whole number of free persons." It appears that some would condemn us to repeating history.

The only saving grace for this measure is that it is doomed to failure, and the President knows that. This amendment is being considered merely to throw red meat at conservative voters in an election year. Just over a month before the 2004 election, when his poll numbers were slipping, the President stated his support for this discriminatory measure. He knew the amendment could not pass in Congress and that there was minimal public support for it. Republicans moved this discriminatory bill for the sole purpose of dividing voters and inciting anti-gay sentiment in a hotly-contested election year.

Two years later, the Republicans are drowning in corruption and losing public support on a mass scale. The White House wants to drive its conservative base to the polls and has

asked the Senate Majority Leader to bring this issue before the full Senate. Make no mistake about it, we will win this fight again.

Then, hopefully we can turn to the issues that the American people want the government to address. We have yet to investigate the Administration's failed policy in Iraq that has led to the deaths of over 2,000 American soldiers. We need to know why there has been a steep rise in gas prices during a time of record oil industry profits. We need to craft a prescription drug bill for seniors that works instead of keeping one that confuses seniors and rewards large pharmaceutical companies. We need to stop borrowing money from foreign countries, cease deficit spending, and return our economy to the surpluses it had under President Clinton.

With so many critical issues that need the immediate attention of the Congress, Republicans need to reevaluate their priorities. It is my hope that in the coming months we can focus our energies on the many important issues facing our country rather than on divisive and unproductive distractions.

HONORING THE GREEN ALBANY PROJECT

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 6, 2006

Ms. LEE. Mr. Speaker, I rise today to honor the Green Albany Project, which, in partnership with the Albany Chamber of Commerce, the City of Albany, Alameda County Waste Management, and Stopwaste.org has successfully completed its goal of "greening" the small business district in Albany, California, making it the first project in the nation in which a chamber of commerce has taken the lead in an effort such as this.

The Green Albany Project was launched on Earth Day 2005 as a collaborative effort of the Albany Chamber of Commerce, the City of Albany, and Stopwaste.org under the leadership of James Carter. Upon receipt of a grant from Stopwaste.org, the Albany Green Team was assembled, comprised mostly of local youth from Albany High School and the surrounding community. The Albany Green team then began a yearlong outreach effort, working to contact and educate local business owners on the economic and environmental benefits of going green.

With the help of Stopwaste.org, Alameda County Waste Management, Alameda County Board of Supervisors President Keith Carson, and in collaboration with Smartlights, East Bay MUD, and other programs, the Albany Green Team has succeeded in helping 26 businesses in Albany, which is most of the local small business district, to green their operations and in turn, green our community. In so doing, the Green Albany Project has successfully diverted 150 tons of solid waste from landfills through its work to implement composting practices at local businesses, and it is projected that an additional 290 tons will be diverted in the year to come.

The Green Albany Project celebrates this success only one year after its launch, and furthermore, having achieved its objectives under budget, will be returning money to the county for use in propelling other worthwhile projects forward.

In addition, this project would not have been possible without the support of the small business owners in Albany, who are a crucial driving force behind our local and regional economies, and who have provided an immeasurable service to the community by implementing these new green systems with the help of the Albany Green Team.

The Green Albany Project is an outstanding example of steps that our communities can take to address the national and global challenge of developing sustainable practices in a time of diminishing natural resources.

The Green Albany Project has not only made history as the first project of its kind to be completed in our country, but has demonstrated to businesses throughout California's 9th Congressional District and across our country that going green is not only possible but profitable.

On behalf of the residents of California's 9th U.S. Congressional District, I join the Albany community on this 5th day of June, 2006 in saluting and thanking the Albany Green Team, the Albany Chamber of Commerce, the City of Albany, Stopwaste.org, Alameda County Waste Management, the Albany small businesses that have made the decision to go green, and all the other partners who have made the Green Albany Project a success. Their work has contributed immeasurably to California's 9th Congressional District, to the entire Bay Area and to our country, and represents an important step forward in the international effort to establish environmentally and economically sustainable ways of living here in our community and around the world.

IN HONOR OF THE 20TH ANNIVERSARY OF THE DELAWARE COMMUNITY FOUNDATION

HON. MICHAEL N. CASTLE

OF DELAWARE

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 6, 2006

Mr. CASTLE. Mr. Speaker, I rise today to pay tribute to the Delaware Community Foundation as it celebrates its 20th anniversary of unparalleled service to the State. The Foundation was created in 1986 to provide a lasting source of charitable funding by enabling donors and organizations to effectively support the causes that matter most to Delaware's citizens.

In the publication of its first newsletter in 1990, the Foundation noted that through its first grant making program it awarded roughly \$60,000 in grants to six agencies for use in addressing homelessness. Other inaugural accomplishments included the creation of 8 new charitable funds, and a total fund balance of just over \$6 million. Today, the Foundation manages nearly 600 charitable funds, gives from a total asset balance of more than \$200 million, and has awarded more than \$54 million in grants in its short 20-year history. This exceptional growth stands as a testament to the important work done by the Delaware Community Foundation and how much it is truly needed.

Through its strong community leadership, and both competitive and non-competitive grant programs, the Foundation is now able to adapt to the needs of the community as they emerge and evolve. In doing so, the Delaware

Community Foundation has been able to support hundreds of charitable organizations in Delaware who deal with a wide range of causes; such as the arts, education, environmental concerns, health care, substance abuse and violence prevention, affordable housing, social services, and other philanthropic and religious organizations.

Mr. Speaker, in closing, I would like to thank the Delaware Community Foundation for its hard work on behalf of our citizens, and for providing effective and responsible philanthropy that has enhanced the quality of life of many Delawareans; the Foundation's mission is truly inspiring. Like the hundreds of other community foundations throughout the United States, the Delaware Community Foundation continues to offer an invaluable service to our great Country.

INTRODUCING H.R. 5524, RURAL
VETERANS HEALTH CARE ACT
OF 2006

HON. MICHAEL H. MICHAUD

OF MAINE

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 6, 2006

Mr. MICHAUD. Mr. Speaker, today I am introducing H.R. 5524, the Rural Veterans Health Care Act of 2006, to strengthen and improve access to health care for rural veterans.

The Memorial Day weekend has recently passed us by. The holiday reminded us all of the great sacrifices made by our Nation's veterans and their families. It is important that we honor our veterans with action and not just words. We must not forget that we have soldiers in harm's way in Iraq and Afghanistan, and they too have earned the support of a grateful nation, just as generations before them.

Meeting the needs of our veterans and their families should be a top priority. While the Department of Veterans Affairs (VA) does a good job in delivering quality medical care, treatment is sometimes harder to access for veterans in rural areas.

Rural communities have always answered their Nation's call to service. Nationwide, more than 44 percent of recent U.S. military recruits come from rural areas. This tradition of service is true in my home State of Maine where approximately one in six residents is a veteran—one of the highest proportions in the country. Across the country, one in five veterans who is enrolled to receive VA health care lives in a rural area.

Veterans who live in rural settings are often older and have more physical and mental health diseases as compared to veterans who live in suburban or urban settings. According to the 2005 Institute of Medicine report, *The Future of Rural Health*, "the smaller, poorer, and more isolated a rural community is, the more difficult it is to ensure the availability of high-quality health services."

It is important that we address the unique challenges that rural veterans face in accessing health care. At my request last summer, the House Veterans' Affairs Subcommittee on Health held a hearing at Eastern Maine Community College in Bangor to raise awareness of this issue and to search for solutions. The field hearing focused on rural veterans' access

to primary care and gave the Chairman and me the opportunity to hear directly from veterans and health care providers in Maine.

It was clear to the Chairman and me that if our rural veterans are going to get the care they deserve, the VA needs to have a focused effort to increase access to quality health care for those living in non-urban areas of our country.

My legislation is a result of the findings from the Maine field hearing, an ongoing dialogue between my office and Maine veterans and health care providers, and reports published by the Institute of Medicine that focused on improving health care in rural areas.

Specifically, my bill would help rural communities address the needs of returning veterans who are serving in Iraq and Afghanistan by requiring the VA to conduct an extensive outreach program to these veterans who reside in rural communities. The VA would be required to collaborate with employers, state agencies, community health centers, rural health clinics and the National Guard to conduct this extensive outreach program to ensure that returning troops have access to the benefits they have earned.

The legislation would also build on the strength of the Vet Centers program. Vet Centers are located in the community outside of the larger VA medical facilities, in easily accessible, consumer-oriented facilities. They are highly responsive to the needs of local veterans. In 2005, the 206 Vet Centers saw over 132,853 veterans. For nearly one out of four veterans seen at Vet Centers, these centers are their access to VA programs and benefits. This core group of veteran users primarily received counseling for military-related trauma. My bill would require the VA to expand its presence in rural areas and to establish a pilot program to have mobile Vet Centers that could help reach veterans in the most rural and remote areas.

Consistent with the promise made to veterans in the CARES process, my legislation would hold the VA accountable for improving access for rural veterans through Community Based Outpatient Clinics (CBOCs) and other access points by requiring the VA to develop and implement a plan for improving veterans' access to quality care in rural areas. The May 2004 Secretary's CARES decision identified 156 priority CBOCs and new sites of care nationwide. The VA Secretary would also be required to develop a plan for meeting the long-term care needs of rural veterans, expanding adult day-care and respite care programs for rural veterans, expanding the use of telemedicine to enhance the care of rural veterans, and expand access to mental health care for rural veterans.

The 2005 groundbreaking Institute of Medicine report on *The Future of Rural Health* recommended that the federal government incorporate a rural focus in planning and developing a national health information infrastructure. The VA has been a leader in developing an electronic medical record system to enhance patient safety and improve quality of care. This legislation recognizes that VA has a leading role and responsibility to help rural veterans and their providers. The bill would establish a health information technology pilot to ensure a continuum of quality of care for veterans that rely on VA provided care, VA fee-basis care and contracted care. The pilot would have the VA partner with a range of

providers including community health centers, rural health clinics and critical access hospitals, where appropriate.

Rural veterans, veteran service organizations and other experts need a seat at the table to help the VA consider important program and policy decisions that affect rural veterans. The legislation would establish a Rural Veterans Advisory Committee to harness the knowledge and expertise of representatives from other federal agencies, academic affiliates, veterans and other experts to recommend opportunities to meet the challenges of veterans' rural health care.

This legislation would also put VA in the forefront of researching, developing and evaluating innovative approaches in the delivery of rural health care by establishing four Rural Health Research, Education, and Clinical Care Centers. These centers of rural health care excellence will conduct research on rural health services, allow the VA to pioneer models for furnishing services to treat rural veterans, provide education and training for health care professionals, and develop and implement innovative clinical activities and systems of care. These centers would maximize the investment of federal tax dollars by collaborating with Department of Health and Human Services Rural Research Centers.

Health workforce shortages and recruitment and retention of the health care workers are key challenges to rural veterans' access to care and quality of care. Rural Americans face a unique combination of factors that create disparities in health care not found in urban areas. Only 10 percent of physicians practice in rural areas despite the fact that one-fourth of the U.S. population lives in these areas. State offices of rural health identify access to mental health care and concerns for suicide, stress, depression, and anxiety disorders as major rural health concerns. The 2005 IOM report recommended that the federal government initiate a renewed, vigorous and comprehensive effort to enhance the supply of health professionals working in rural areas.

The VA's involvement in medical and nursing education of future rural providers is essential. Almost 28,000 medical residents and 16,000 medical students receive some of their training in the VA every year. In addition, over 32,000 associated health students, including future nurses, pharmacists, dentists, audiologists, social workers, psychologists, physical therapists, optometrists, respiratory therapists, physician assistants and nurse practitioners, receive training through the VA.

This legislation would place VA at the forefront of enhancing the rural education and training of health professionals. The legislation requires the VA Secretary to institute additional rotations for medical residents in rural areas; establish programs to enhance the education, training, recruitment and retention of nurses in rural areas; and create programs to enhance the education, training, recruitment and retention of allied health professionals in rural areas.

Helping homeless veterans in rural and remote locations recover, rehabilitate and reintegrate into society is complex and challenging. The VA has no specific programs to help community providers who focus on homeless veterans in rural and remote locations. This legislation would authorize special grants to community providers to meet the needs of homeless rural veterans.